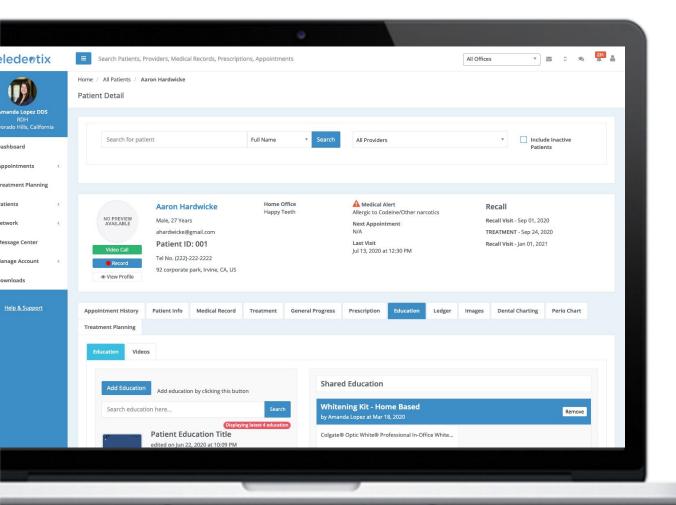


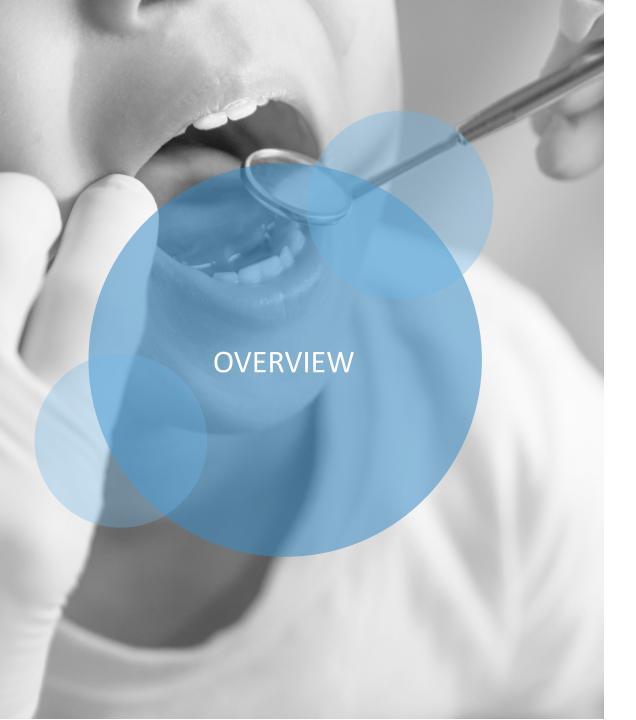
TELEDENTIX // CALIFORNIA **DEPARTMENT OF** PUBLIC HEALTH

Presentation

Community-Based Mobile Dental Workflow



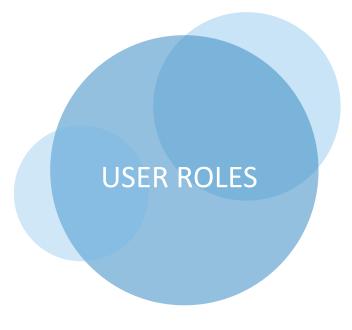
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Screening and Referral Tracking

- Patient Record Upload
- Schedule
- ✓ Oral Health Assessment Form
- Post-Screening Communication
- Post-Screening Review
- Referral Consent Forms
- ✓ Provider Directory
- ✓ Provider Registration
- ✓ Referrals
- Referral Communications
- ✓ Referral Statuses
- Reporting
- Built Specifically for Dental





Olivia Sato
Care Coordinator



Mary Ramirez, RDH
Oral Health Screener



Dr. Scott Hacking
Referred Dentist



Lilly Smith
Pediatric Patient



Brenda Smith Responsible Party

All Offices

LAST **RESPONSIBLE PARTY FIRST** Karl Anderson Anderson Karim Chaidhri Al Chaidhri Airella Albie Duncan-Aisha Duncan Scott **Bryn Devereux** Marnie Devereux **Nnenne Hayes** Alana Hayes Meira Kumar Phebe Kumar Jose/Delia Sanchez Maria Sanchez Thacker Isabele Thacker Marleen Jeremy Timbo Samira Timbo Wren Travis Monty/Arabelle Travis Krystle Verdi Sophia Verdi **Ashley Williams** Williams Isla

Olivia Sato Dashboard Appointments **Patient Invitations** Responsible Party **Referred Patients Upload Requests Patient Reviews** Message Center Treatment Planning Network Manage Account Reports

Dental Claims

teledentix

Search

Home / All Patients

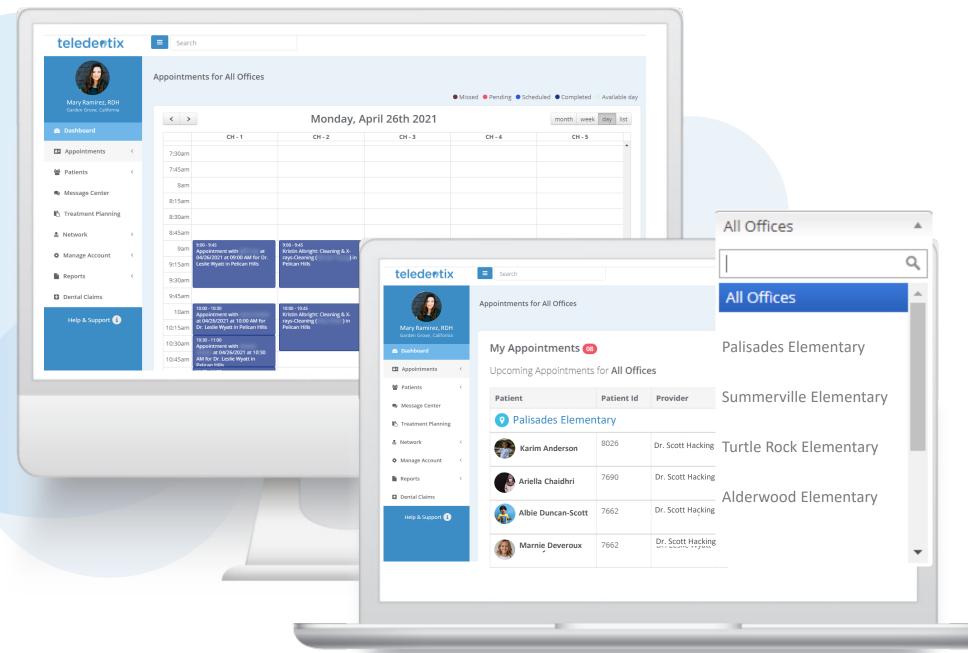
Patients

Search for patient First Name All Providers Middle First Last Patient Age Gender **Email** Name Name Hbbrower+042@gmail.com Karim Anderson (714)-315- Hbbrower+092@gmail.com Chaidhri Female (222)-222- qwsdfiiop@gmail.com Albie **Duncan-Scott** (714)-315- brower227@gmail.com Marnie Devereux

Class roster is uploaded to Teledentix, creating patient records.

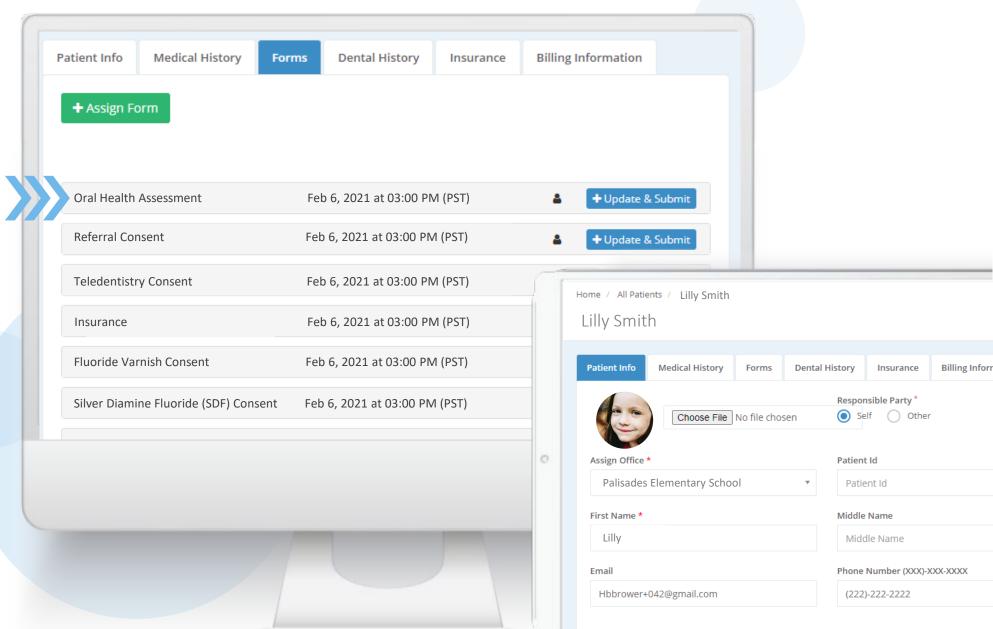


Schedules and patient records for upcoming appointments can be viewed by each location.



PATIENT RECORDS (ACCOUNTS)

ORAL HEALTH ASSESSMENT FORM



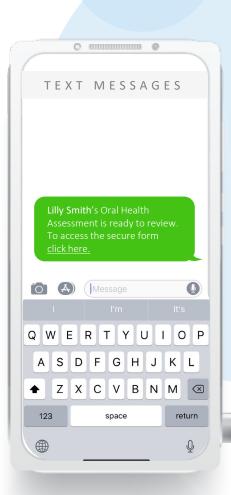
The Oral Health
Assessment form is
accessed from the
patient record.

ORAL HEALTH ASSESSMENT FORM



POST-SCREENING COMMUNICATION

Child's assessment is sent to responsible party via text or email.



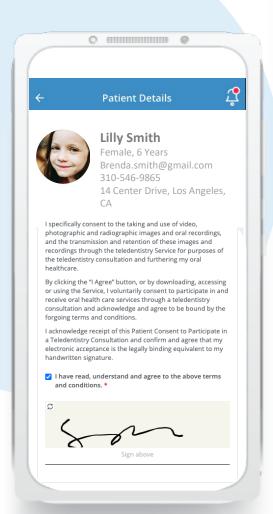
teledentix

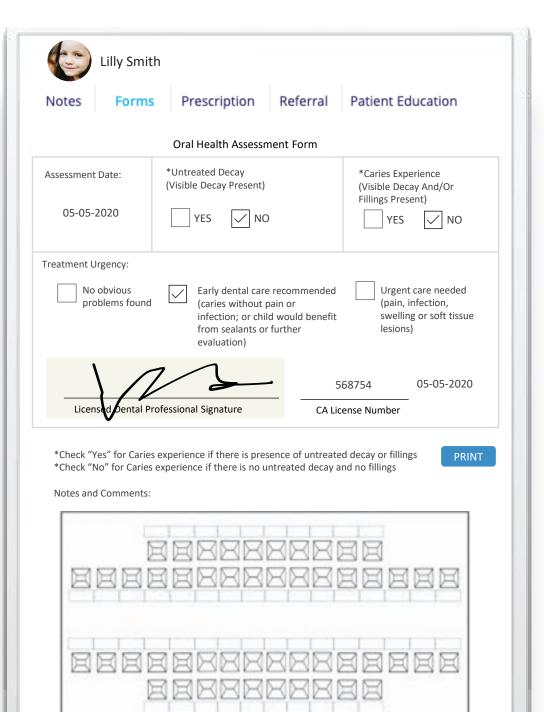
Hi Brenda,

Lilly Smith's **Oral Health Assessment** is ready to review. To access the secure form, <u>click here</u>.

Kindly, Mary

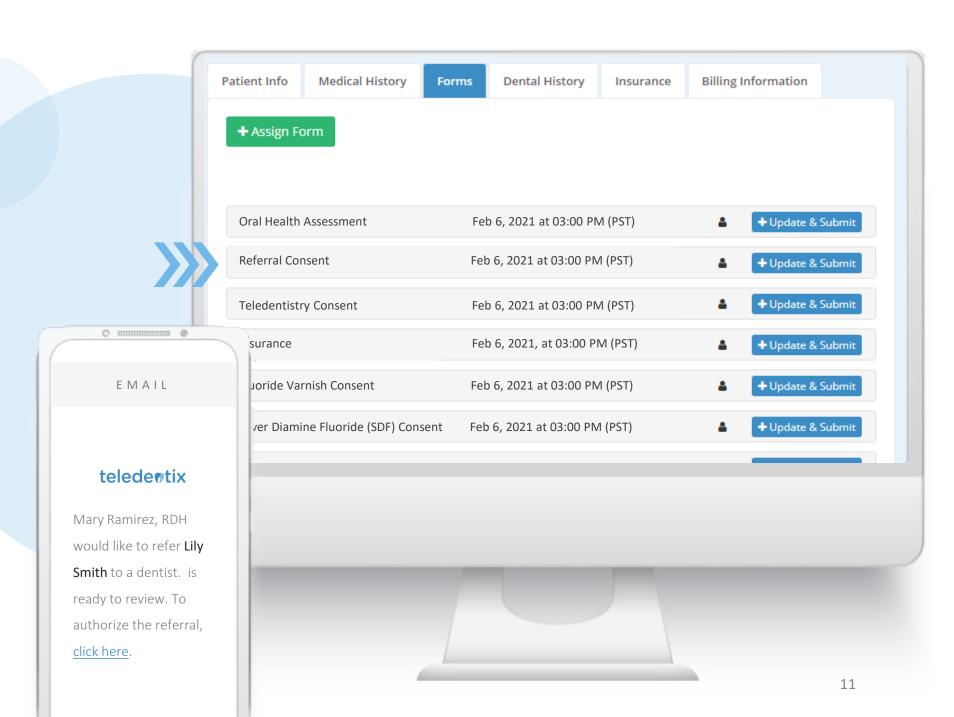
Child's assessment can be accessed and reviewed by the responsible party.





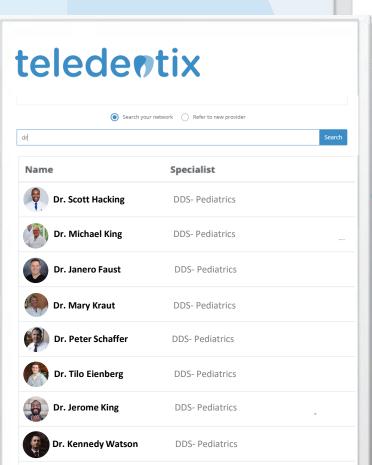


If a referral is needed, consent forms can be sent to the responsible party.



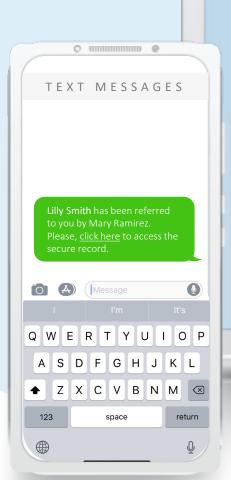


Patients can be referred to a directory of participating dentists.



Search for patient First Name Search Middle First Patient Last Name Gender Contact Num Name Name Female Edit Profile Options Smith 541452 Refer to Provider + Add Appointment Albie **Duncan-Scott** 040589 + Assign Form + Add Perio Chart **⊞** Images + Add Patient Id 12





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Dr. Scott Hacking,

Lilly Smith has been referred to you by Mary Ramirez. Please, <u>click</u> here to access the secure record.

Dentists are notified about the referral via text and email.

Dentists can be invited to create an account with Teledentix if they do not already have one.

teledentix

Create your member account

100% free. No credit card needed.

First Name*	Last Name*
Title*	License Number*
Email*	
Confirm Email*	
Password*	
*Required Field	



An Exclusive Community for Healthcare Professionals

Collaborate on PHI, join study clubs, and network with peers in a HIPAA-secure environment

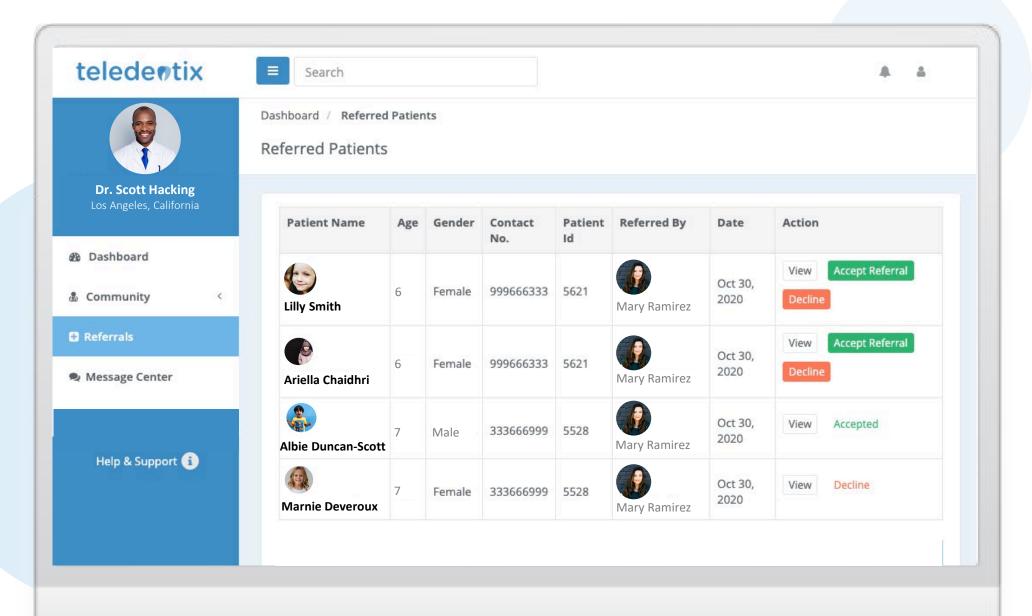
Sign Up

By creating an account, you agree to the Telede

Have an account? Sign in



Dentists can access their referral list.



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Notification to Referred Provider

Notification to Care Coordinator

been accepted after 3
business days, both the
dentist and the care
coordinator will be notified.

EMAIL

0

Hi Mary,

Dr. Scott Hacking has not yet accepted the referral, Lily Smith.

Dr. Scott will be notified one more time.

If you would like to refer to a different provider, sign in.

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Dr. Scott Hacking,

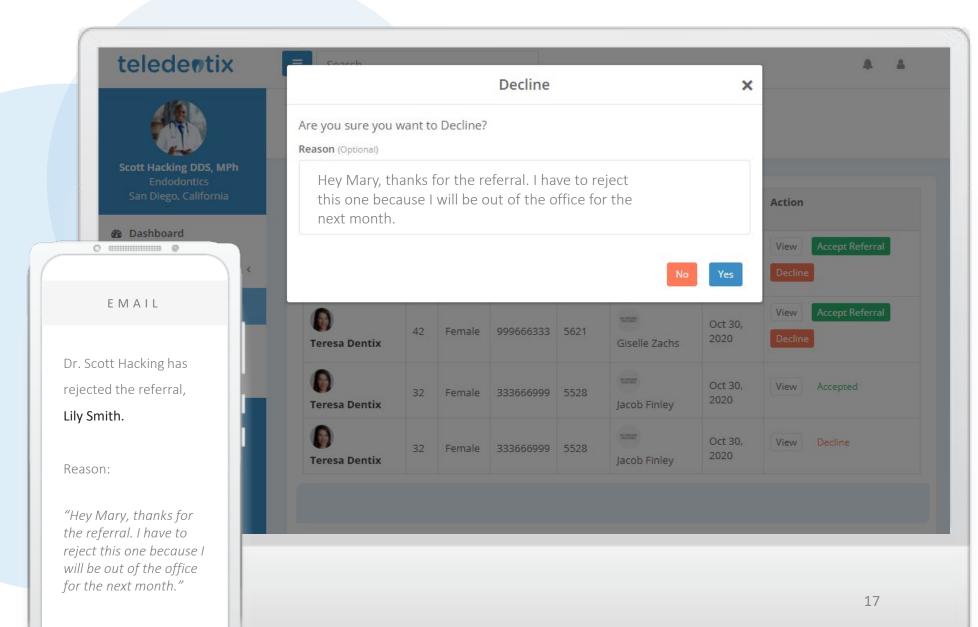
You still have a pending referral in your Teledentix account.

Please accept or reject this referral by <u>signing in</u> to your account.

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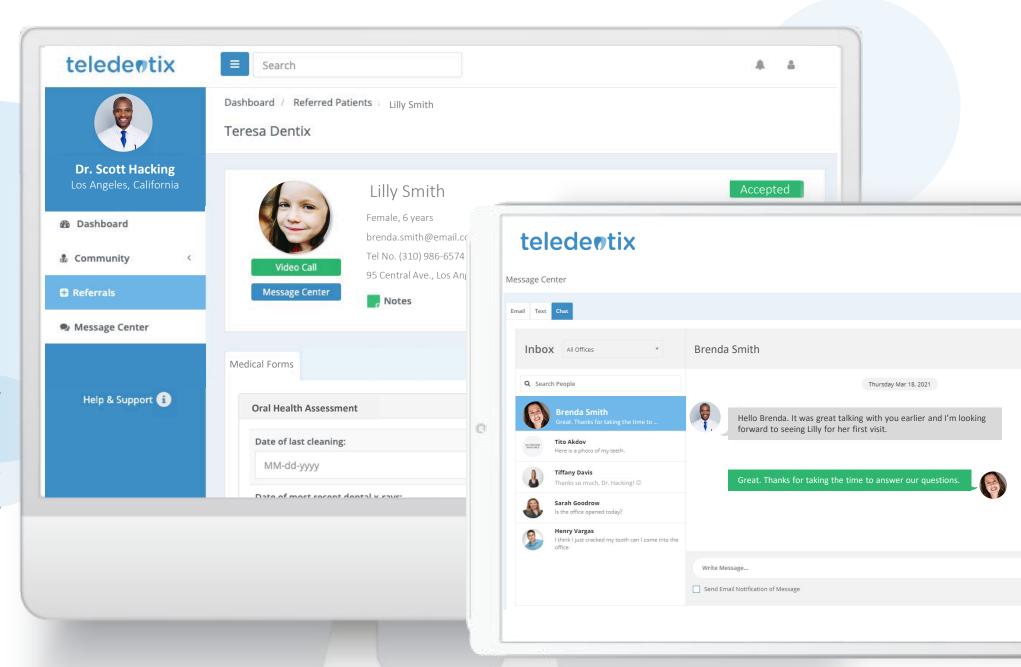
16

If the referral is rejected, the dentists will be prompted to enter the reason. The care coordinator will be notified with the reason for rejection.



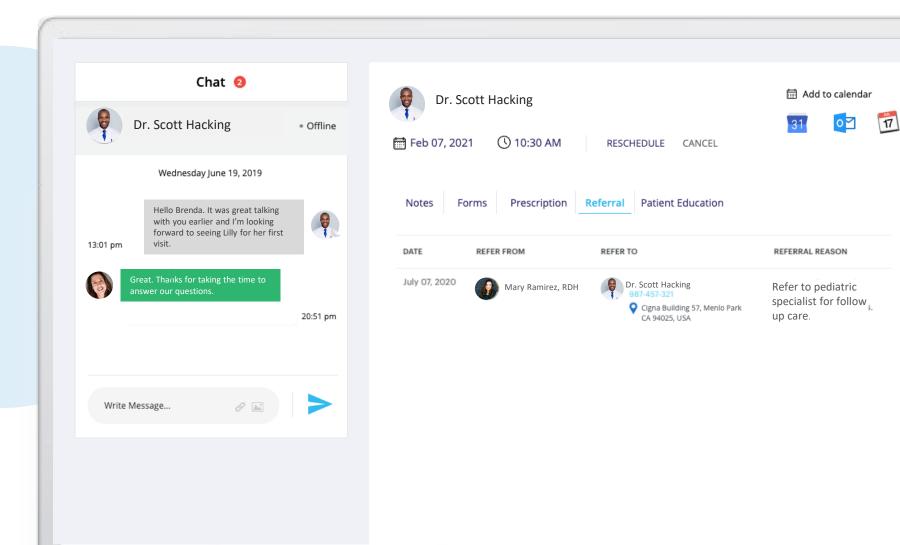


the dentists can easily
access records and
communicate with the
patient and/or
responsible party.



REFERRAL COMMUNICATION

Once the referral is accepted the responsible party can review the details and begin communicating with the referred dentist.



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An automated communication cadence will follow-up with each dentist asking to respond with the status of the referral.

TEXT MESSAGES Thank you for accepting the referral for Lilly Smith (patient ID 98788). We're following up to check the status of the referral. Please respond with the following applicable status options: SCHEDULED APPOINTMENT TREATMENT COMPLETED QWERTYUIOP ASDFGHJKL ◆ Z X C V B N M 🗵 return

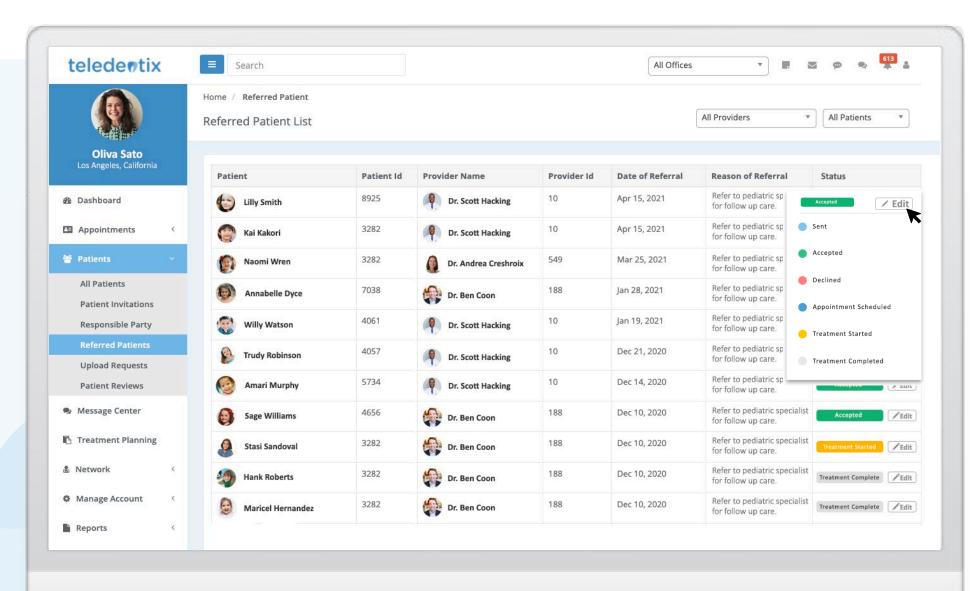
Dr. Scott Hacking,

Thank you for accepting the referral for, **Lily Smith** (Patient ID 98788). We're following up to check the status of the referral. Please respond with the following applicable status options.

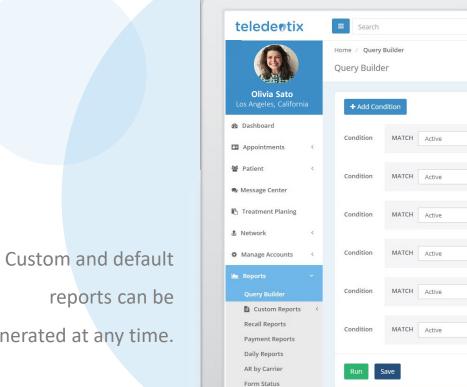
- Scheduled Appointment
- Treatment Started
- Treatment Completed

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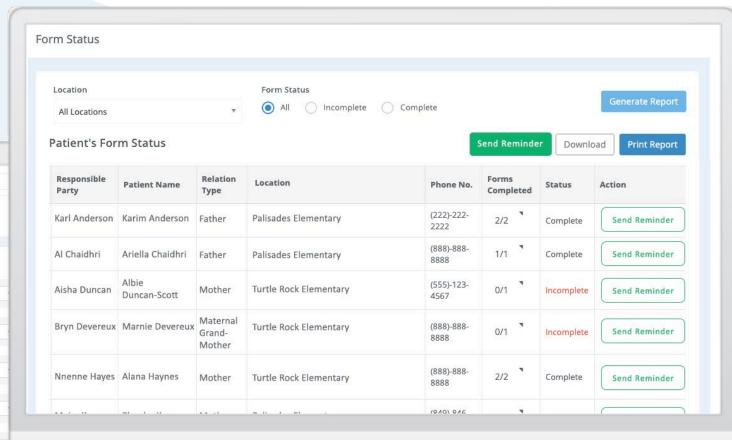
The care coordinator can access a list of all referrals and update the statuses accordingly.





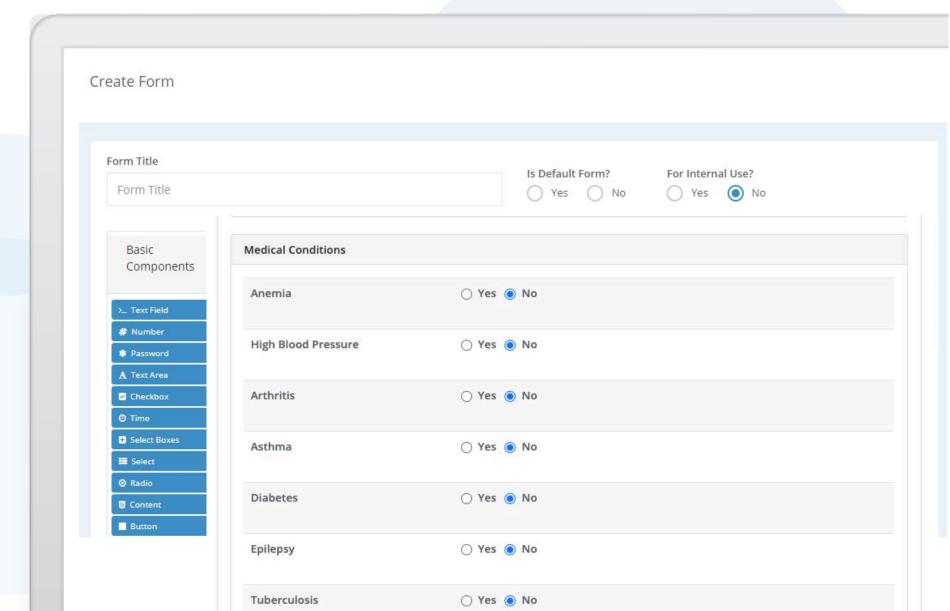


Video Call Recording



reports can be generated at any time.

The form editor uses a simple drag-and-drop interface to add or remove fields from the forms.





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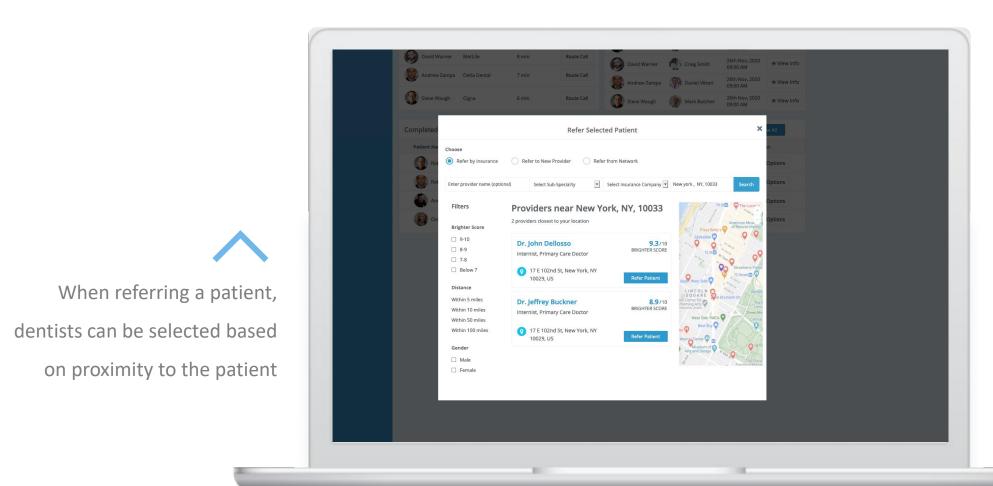
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Paper forms can be photographed and added to the patient record, or patients can fill out the forms digitally via their mobile phones.

Shild's Name LIUM XM ITH Nickname Date of Birth Dh / 09/ 24/Age (Name Della Marih Relationship Mariling Address Mariling Address
40 000 1	Mailing Address JA Carvel DP
40 000 1	Mailing Address JA Carvel DP
chool The Ale Rock & Lewis war	(4.4)
0	
ex: M_	hysical Address
Child's may Your CHILD	
Child's Name	1
Nickname Date of Birth 701/201/Age	Iome phone #
Date of Birth DL/ D1 Age School W. C. V.	The less floor
Sex: M F	ell phone # 510 · 107 . 0101
Child's mailing address / www	Work phone #
nsured's N	mployer Sub-
Phone # 510 1 0 0 110	00110
nsured's H DENTAL INSURANCE	Cocupation Lead
Relationsh Insured's Name WM Sanh	I SN#
Date of Bis Insured's Employer	(
Relationship Note of Right	
Date of Birth Insurance Company	
Group # Group # 11201	
ocial Sec Social Security #	
In the event of an emergency, who should we contact	
n the ever Relationship	Who can we thank for referring you to us?
Phone number 1000	you to us.
Relationsh	
Phone mun FINANCIAL ARRANGEMENTS Our office will make every effort to provide the best or	arc
dental services upon completion of each visit. <u>IF YOU</u> TO COMPLETE YOUR INSURANCE FORM, BU	<u> </u>
ULTIMATELY RESPONSIBLE FOR ALL SERVI	<u>ci</u>
INANCI	
Our office X Signature of Popul / Silardian Date	for your child. You can help us by paying for JAVE INSURANCE, WE WILL BE HAPPY
Signature of Palent Guardian Date	PLEASE REMEMBER THAT YOU ARE
ULTIMAT	ES PERFORMED ON YOUR DEPENDENT.
"HANK YOU!	
Signature of Parent Guardian Date	e



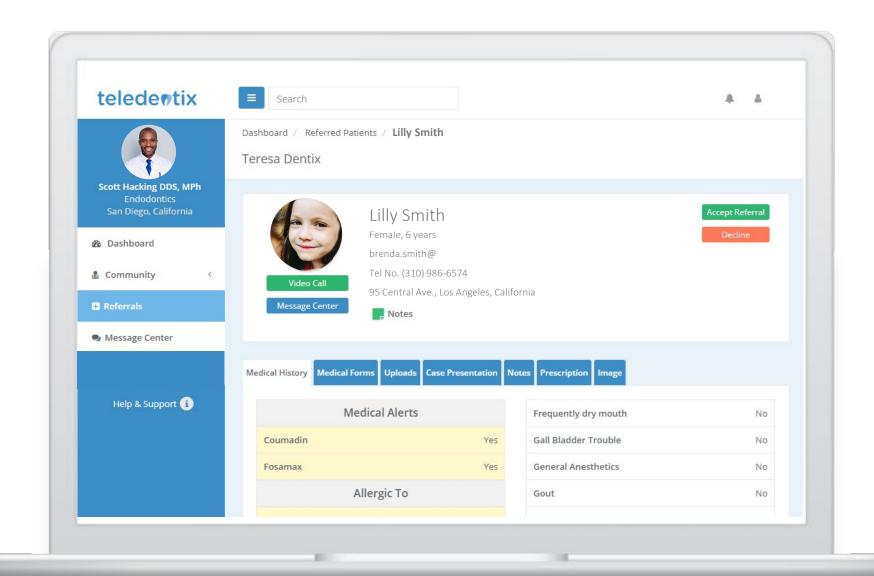


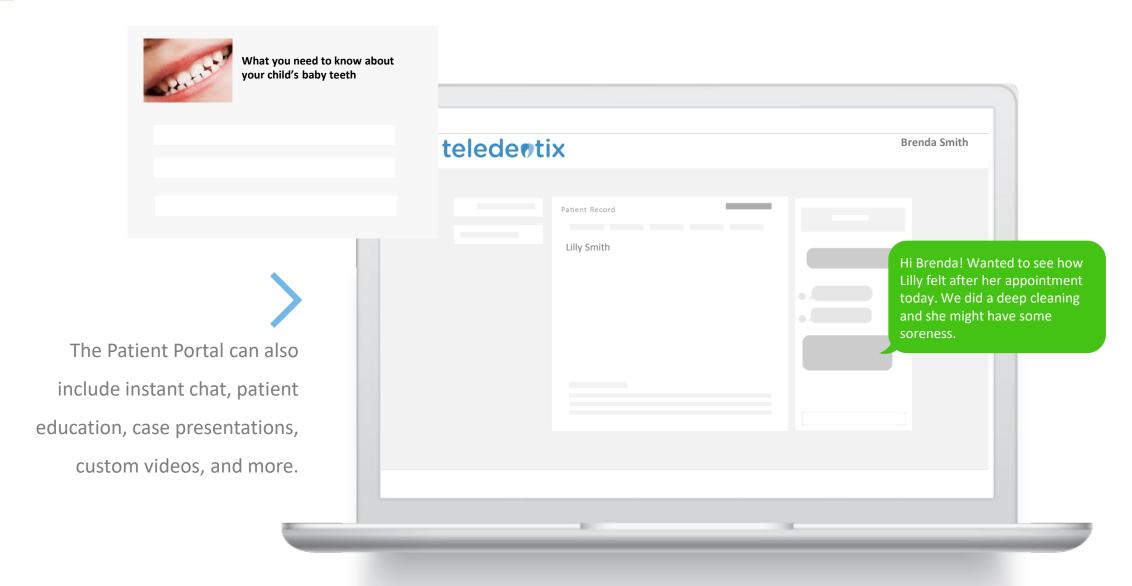
Select providers near





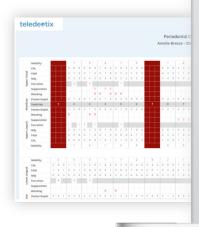
Referral records can include comprehensive patient data including uploads, images, forms, and prescription information.

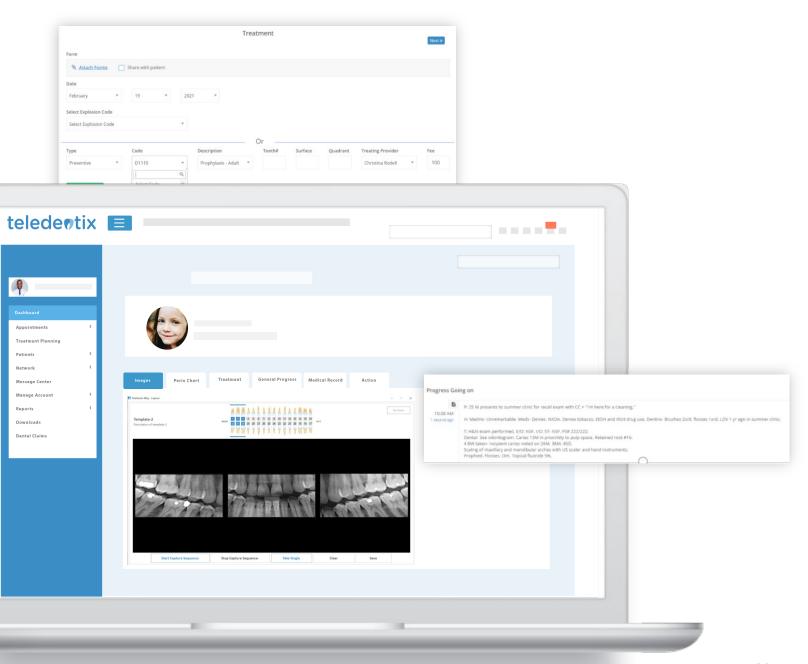






Capture x-rays, complete perio charting, select treatment rendered, enter progress notes and upload records in a HIPAA-secure environment.



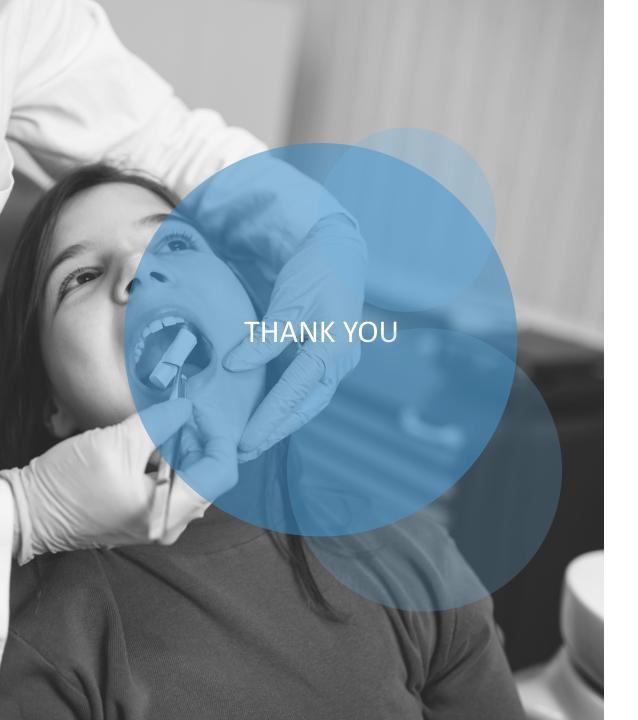




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\$1500/month, includes 20 users

Additional users are \$35/user/month





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Dr. Bill Jackson, Co-Founder & COO bjackson@virtualdentalcare.com



Main Point of Contact

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Daniel Gates, Marketing Director dgates@virtualdentalcare.com